## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/59/397 FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAI	MS

	AS FILED		AFTER		AFTER 2 ** AMENDMENT		CLAIMS		AS FILED		AFTER 1*AMENDMENT		AFTER 2 ** AMENDMENT	
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CLAIMS	14							TOTAL CLAIMS						
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